	HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE OF 8
<u> </u>	ME OF COMMITTEE (I. C. II)	FOR LINE 24 OF FORM 3X	
١.	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
	Together We Thrive	C,00,5,2,2,4,5,8	
Ch	eck if 24-hour report 48-hour report New report	ort Amends report t	iled on Mym / Drb / Yyyyyy
	Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
	Laalin Hovey: PPWS		
	Mailing Address 7179 Lake Carlisle Blud		Amount
	City State	Zip Code	250,00
	Orlando FL	32829	Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	Mum / [D'V] / [YVYVYX]
	DM Awareness Campaign	Туре	0.3 3.1 20./8
	Name of Federal Candidate:	Support C	Office Sought: House District:
	Beto O' Rourke	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	(SO.O.O.)	Disbursement For:  Primary  General  General  General
	Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
	PinPoint WebSolutions		
	Mailing Address		
	7179 Lake Carlide Blud		Amount
	City State	Zip Code	25000
	Orlando FL	32829	Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	Many ( Land ) ( Land )
	Aureness Campaign	Type	1 [23] [3.1] [40.1.8]
	Name of Federal Candidate:	Support (	Office Sought: House District:
	Beto O' Rourke	Oppose	President Senate State:
	Calendar Year-To-Date		Disbursement For: Primary General
_	Per Election for Office Sought	0,0,00	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		·9,1,2,0,8,6
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Signature	Date	04 11 2018